

TOWNSEND
and
TOWNSEND
and
CREW
LLP

San Francisco, California
Tel 415 578-0200

Walnut Creek, California
Tel 925 472-5000

San Diego, California
Tel 619 586-8100

Denver, Colorado
Tel 303 571-4000

Seattle, Washington
Tel 206 467-9600

Palo Alto

379 Lytton Avenue
Palo Alto
California 94301-1431
Tel 650-326-2400
Fax 650-326-2422

RECEIVED
CENTRAL FAX CENTER

FACSIMILE COVER SHEET

SEP 16 2005

| | | |
|---------------------------------------|---|---|
| Date: September 16, 2005 | Client & Matter Number: 022176-000610US | No. Pages (including this one): 7 |
| To: Dionne Harvey USPTO | At Fax Number: (571) 273-8300 | Confirmation Phone Number: |
| From: Joel M. Harris | | (5129) |

Message: Attached are the Confirmation Fax Transmittal from the USPTO, Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/052,199 filed 1/16/02.

| | | | | | |
|----------------|--|---|---|---------------------------------------|--------------------------------------|
| Original Will: | <input type="checkbox"/> BE SENT BY MAIL | <input type="checkbox"/> BE SENT BY FEDEX/OVERNIGHT COURIER | <input type="checkbox"/> BE SENT BY MESSENGER | <input checked="" type="checkbox"/> X | <input type="checkbox"/> NOT BE SENT |
|----------------|--|---|---|---------------------------------------|--------------------------------------|

Faxed: Return to: Marcia Shea - (5451)

If you have problems with reception please call Fax Services at extension 5565

Important

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure by applicable law or court order. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

60589059v160307682 v1

Auto-Reply Facsimile Transmission



TO: Fax Sender at 16503262422

Fax Information

Date Received:

Total Pages:

9/13/2004 8:54:52 PM [Eastern Daylight Time]

4 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page

=====>

| | | | |
|--|---|---|--|
| SEP. 16. 2005 3:05PM 9/16/05 PA 650-326-2422 | | FAX NO. 990 P. 2/2 | |
| TOWNSEND and TOWNSEND and CREW LLC | | San Francisco, California Tel 415 478-0200 Walnut Creek, California Tel 925 478-0200 San Diego, California Tel 619 478-0200 Denver, Colorado Tel 303 478-0200 Seattle, Washington Tel 206 478-0200 | Palo Alto 570 Linden Avenue Palo Alto California 94301-1611 Tel 650 326-2422 Fax 650 326-2422 |
| FACSIMILE COVER SHEET | | | |
| Date: September 13, 2004 | Client & Matter Number: 022176-000510US | No. Pages (including this one): 4 | |
| To: Dianna Harvey USPTO | Alt Fax Number: (703) 872-8308 | Confirmation Phone Number: | |
| From: Joe M. Harris | | (9128) | |
| Message: Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/062,199 filed 1/16/02. | | | |
| 003079002 v1 | | | |
| Original VIA | BE SENT BY MAIL | BE SENT BY REGISTERED OVERNIGHT COURIER | BE SENT BY MESSENGER % NOT BE SENT |
| Paged: Return to: Marcia Shaw - (2461) If you have problems with reception please call Fax Service at ext 510h 5608 | | | |
| Important: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, or otherwise exempt from disclosure by applicable law or court order. If the reader of this message is not the intended recipient, or the sender of this message is not the intended sender, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above telephone or the United States Postal Inspection Office. | | | |

PAGE 14 * RCVD AT 9/16/2005 5:59:11 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-6/36 * DNIS:2738300 * CSID:16503262422 * DURATION (mm-ss):02-02

* * * COMMUNICATION RESULT REPORT (SEP.13.2004 4:59PM) * * *

TTI TTC-PA 650-326-2422

| FILE MODE | OPTION | ADDRESS (GROUP) | RESULT | PAGE |
|---------------|--------|---------------------|--------|--------|
| 661 MEMORY TX | | ##63392#17038729306 | OK | P. 4/4 |

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

TOWNSEND
and
TOWNSEND
and
CREW
LLP

San Francisco, California
Tel 415 678-0200Walnut Creek, California
Tel 925 472-6000San Diego, California
Tel 619 350-6100Denver, Colorado
Tel 303 571-4800Seattle, Washington
Tel 206 467-8600

Palo Alto

378 Lytton Avenue
Palo Alto
California 94301-1431
Tel 650-326-2400
Fax 650-326-2422

FACSIMILE COVER SHEET

| | | |
|---|---|---|
| Date: September 13, 2004 | Client & Matter Number: 022176-000610US | No. Pages (including this one): 4 |
| To: Dionne Harvey USPTO | At Fax Number: (703) 872-9306 | Confirmation Phone Number: |
| From: Joel M. Harris | | (5129) |

Message: Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/052,199 filed 1/16/02.

TOWNSEND
and
TOWNSEND
and
CREW
LLP

San Francisco, California
Tel 415 876-0200

Walnut Creek, California
Tel 925 472-5000

San Diego, California
Tel 619 350-6100

Denver, Colorado
Tel 303 571-4000

Seattle, Washington
Tel 206 467-9600

Palo Alto

378 Lyton Avenue
Palo Alto
California 94301-1431
Tel 650-328-2400
Fax 650-328-2422

FACSIMILE COVER SHEET

| | | |
|---------------------------------------|---|---|
| Date: September 13, 2004 | Client & Matter Number: 022176-000610US | No. Pages (including this one): 4 |
| To: Dionne Harvey USPTO | At Fax Number: (703) 872-9306 | Confirmation Phone Number: |
| From: Joel M. Harris | | (5129) |

Message: Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/052,199 filed 1/16/02.

60307682 v1

| | | | | |
|----------------|--|---|---|---|
| Original Will: | <input type="checkbox"/> BE SENT BY MAIL | <input type="checkbox"/> BE SENT BY FEDEX/OVERNIGHT COURIER | <input type="checkbox"/> BE SENT BY MESSENGER | <input checked="" type="checkbox"/> NOT BE SENT |
|----------------|--|---|---|---|

Faxed: Return to: Marcia Shea - (6451)

If you have problems with reception please call Fax Services at extension 6565

Important

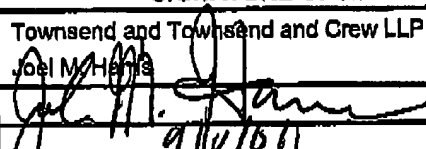
This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and/or exempt from disclosure by applicable law or court order. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Postal Service. Thank you.

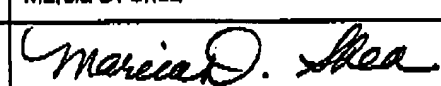
60307682 v1

PTO/SB/21 (04-04)

| | | |
|--|------------------------|------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/052,199 |
| | Filing Date | January 16, 2002 |
| | First Named Inventor | SHENNIB, ADNAN |
| | Art Unit | 2843 |
| | Examiner Name | DIONNE HARVEY |
| Total Number of Pages in This Submission | Attorney Docket Number | 022178-000810US |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.63 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|-----------------|
| Firm or Individual name | Townsend and Townsend and Crew LLP Joel M. Harris | Reg. No. 44,743 |
| Signature |  | |
| Date | 9/10/04 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|---|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on 9/13/04 | | |
| Typed or printed name | Marcia D. Shea | |
| Signature |  | Date 9/13/04 |

60306089 v1

PTO/SB/82 (09-03)

| | | |
|--|------------------------|----------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/052,199 |
| | Filing Date | 01/16/2002 |
| | First Named Inventor | Adnan Shennib et al. |
| | Art Unit | 2543 |
| | Examiner Name | Harvey Dionne |
| | Attorney Docket Number | 022176-000610U8 |

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20350

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

20350

OR

| | | | | | |
|---|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| Telephone | | Fax | | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Susan Whichard, Vice President, InSound Medical, Inc. | | |
| Signature | <i>Susan Whichard</i> | | |
| Date | 9-7-04 | Telephone | 510-792-4000 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

60269506 v1

SEP 16 2005

PTO/BB/06 (08-03)

Attorney Docket No. 022176-000610US
Client Ref. No. ISM-006CNT**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Insonus Medical, Inc., (now InSound Medical, Inc.-see attached merger document 01/08/2002)Application No./Patent No.: 10/052,199 (CON of 09/327,717)Filed/Issue Date: 01/16/2002Entitled: Disposable Extended Wear Canal Hearing DeviceInSound Medical, Inc. a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reels 010037 and 010037, Frames 0881 and 0890, respectively, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9-7-04
Date

510-792-4000
Telephone number

Susan Whichard
Typed or printed name
Susan Whichard
Signature

CEO, InSound Medical, Inc.
Title

60268518 v1